

# **WISHA REGIONAL DIRECTIVE**

**Department of Labor and Industries  
Division of Occupational Safety and Health**

## **11.36 Tuberculosis Control in Correctional Facilities**

**Date Issued: March 19, 2007**

### **I. Background**

In July 2006, the Centers for Disease Control and Prevention (CDC) issued updated Recommendations on the *Prevention and Control of Tuberculosis in Correctional and Detention Facilities*, *MMWR 2006; 55, RR-09*. These guidelines update and supplant previous Recommendations issued in 1996.

The 2006 CDC Recommendations note that Tuberculosis (TB) control can be particularly problematic in correctional facilities. A disproportionately high percentage of TB cases occur among persons incarcerated in U.S. correctional facilities. Although overall incidence of new TB cases among the U.S. population has remained at <10 cases per 100,000 persons since 1993, substantially higher case rates have been reported in correctional populations. For Washington State statistics see the Washington State Tuberculosis Epidemiological Profile ([www.doh.wa.gov/cfh/TB](http://www.doh.wa.gov/cfh/TB)).

Effective TB prevention and control measures in correctional facilities include early identification of persons with TB disease through entry and periodic follow-up screening; successful treatment of TB disease and latent TB infection; appropriate use of airborne precautions (e.g., airborne infection isolation, environmental controls, and respiratory protection); comprehensive discharge planning; and thorough and efficient contact investigation.

DOSH recognizes the 2005 CDC Recommendations as widely accepted by industry in recognition of hazards and standards of practice.

### **II. Scope and Application**

This policy provides guidance to DOSH staff regarding application of CDC Recommendations in cases involving TB exposure in correctional facilities.

### III. Interpretive Guidance

#### A. *Which type correctional facilities are expected to have a TB Control Program?*

Prisons, jails, and juvenile detention facilities are required to have written TB control programs.

Other detention facilities (e.g. booking and holding) may require TB control programs based on the assessment of risk factors such as: The prevalence of TB infection and disease in the facility; the prevalence of TB in the community served; and the prevalence of other risk factors for TB in the inmate population. It is recommended that a risk assessment be performed on a scheduled basis.

#### B. *How should DOSH staff use the guidance from the CDC when applying WISHA standards to potential TB exposure in correctional facilities?*

When citing general correctional facility violations the 2006 CDC Recommendations should be referenced.

When citing health-care setting (e.g. dental clinic or infirmary) violations the 2005 CDC *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings*, MMWR 2005; 54 (No. RR-17) should be referenced.

Any violations identified should be cited using the appropriate requirements of WAC 296-800-110, Employer Responsibilities; WAC 296-800-140, Accident Prevention Program; and WAC 296-842, Respirators.

DOSH staff should consult with the Technical Services Occupational Nurse Consultant on all cases involving potential TB exposure.

Approved: \_\_\_\_\_  
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